



V minute news

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MINORITY RECRUITMENT AND RETENTION....

and related problems of education in health careers, was the subject tackled by a group of educators on September 23 at the first of a series of meetings to be hosted by AREA V throughout the area. Described by Area V Coordinator Donald W. Petit, M.D., as the beginning step towards comprehensive planning revealed widespread concern with a variety of deficiencies and difficulties perceived from several different viewpoints.

Identified by the educators as critical factors in the development of health manpower in general and of minority groups in particular were: lack of opportunities for work experience, on-the-job training, and orientation; credential difficulties which prohibit teaching by otherwise qualified experts; licensure problems which limit the scope and career mobility of health professionals; articulation of credit among high schools, community and four-year colleges, and graduate schools; tight funding; scarcity of potential jobs; regulations which prevent presentation of a particular course at more than one institution in a specified area; variances in acceptance of programs for credit by employing institutions; inadequate or mis-directed counseling; student motivation; lack of role models.

William D. May, Ph.D., Associate Dean of the Graduate School, USC, suggested long and short-range goals that might be pursued, such as development of a process for identification of minority students with science potential at an early age, the creation of continued tutorial and special class experiences for recruited students, development of curriculum for training counselors at all levels; development of science curriculum geared more to the training of health professionals, particularly at the junior high and secondary level, creation of a minority advisory structure to play a significant role in recruitment and retention efforts.

George Blue Spruce, DDS, Special Assistant to the Director for Indian Affairs, DHEW, explained that two bills promoting the recruitment of minorities into the health professions are pending but are presently bogged down in committee. He

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was not optimistic about progress in the health field regarding education until the bills are passed. House Bill 8629 contains provisions for Health Manpower Education Incentive Awards which authorize funding of \$45 million for fiscal year 1972, \$90 million for 1973, and \$135 million for 1974, to public, non-profit, and private organizations and institutions, to encourage minority health manpower development.

The concept of Area Health Education Centers as a device for bringing educational institutions and clinical facilities closer together, and RMP's probable role in establishing guidelines for statewide coordination was outlined by Mr. Stanley Fisher of CCRMP.

Representatives of the invited educational institutions exchanged information about the courses and programs available in their organizations, and there was some lively discussion as to possible approaches in solving some of the problems.

Participating in this first meeting for Minority Recruitment and Retention were: Sister Helene McBride, Arcidiocese of L.A., Mrs. Eleanor Butler, RN, Downey Unified School District; Mr. Robert Sayette and George A. Wistreich, Ph.D. ELA College; Mrs. Virginia DuBois, RN, Mrs. Sara McArthur, RN, and Mrs. Yvonne Newhouse, RN, L.A. City Unified School District; Mr. Robert Stetler and Mr. Frank Fertschneider, Montebello Unified School District; Stanley E. Gunstream, PhD, Pasadena City College; Mrs. Frances Barton and Mr. Fred Jacobus, COMP-So. California; Mrs. Sylvia Morrison, COMP-LA; Robert E. Tranquada, MD, LAC/USC Medical Center; Mrs. Karen Porche and Horace W. Magoun, MD, UCLA; Don Lebell, PhD, USC; Mrs. Louise Ball, USC School of Medicine; Mrs. Patti McDonald of CCRMP; Addie L. Klotz, MD, San Fernando Valley Health Consortium; Mrs. Dorothy Wagner, Joint Health Venture; and Mrs. Jane Katz, Miss Dorothy Anderson, Mr. Elias Chico, Mrs. Jane Cohen, Mrs. Kay Fuller, Mr. Leon Hauck, Mr. William Markey, and Donald W. Petit, MD of AREA V staff attended.

An Ad Hoc Steering Committee composed of George A. Wistreich, PhD, Mrs. Yvonne Newhouse, Mr. Robert Stetler, Stanley E. Gunstream, PhD, Mrs. Louise Ball, Miss Dorothy Anderson and Mr. Elias Chico, met on Thursday, September 30, to consider priorities and develop some direction, prior to a second meeting of the group planned for October 22, 1971.

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HEALTH MAINTENANCE? PREVENTIVE CARE? POSITIVE HEALTH?

By Donald W. Petit, M.D., Area Coordinator

There has just come across my desk a collection of interview schedules being used by "Search" to develop an inventory of health services. Over the past two years, "Search: A Link to Services"--under the direction of Joy Cauffman, Ph.D., of the Department of Pediatrics and the Department of Community Medicine, USC School of Medicine, has prepared a file of more than 5,000 organizations which offer medical and social services in L. A. County. The exact nature of services which these organizations provide is now being determined and catalogued.

One of the questionnaires entitled "Well Person-Health Maintenance" lists those services that might be considered the functions of a true "health maintenance" organization as opposed to an organization devoted to care of the sick. While "health maintenance" organizations are ostensibly aimed at keeping people well, there has been little pragmatic attention paid to that aspect so far.

The concept poses some questions: Should services pertinent to "positive" health be carried out as a function separate from the usual medical care setting which, by tradition, focuses most of its services on care of sick, and possibly sick people? Would it be useful to have a center or organization which concentrates solely on,

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ATTENTION NURSES, AND EMPLOYERS OF NURSES

November 30, 1971 has been set for the L.A. Regional Information meeting which will reveal what California is doing to implement the recommendations of the National Commission for the Study of Nursing, which advocated--amongst other things--the creation of a state-level master planning committee to guide nursing education activities throughout the state. Also urged was the initiation of a state-level Joint Practice Commission representing medicine and nursing to address the development of congruent roles of the physician and nurse in providing quality health care. Have these been formed in California? What vested interest groups are represented? What power will the groups have? These are just a few of the questions that will be answered at the Nov. 30 meeting, to be held at the new L. A. Convention Center. More information to follow, promises Kay D. Fuller, RN.

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HEALTH MAINTENANCE? (continued)

positive health? What is positive health? What is health maintenance? What does preventive care consist of? Can programs be developed to promote positive health--over and above such things as immunization?

The list of functions attributed to health maintenance by Search is reproduced here and I would be interested to hear from any readers who might care to expand, shrink, or otherwise alter the list of items.

Alcohol, health education	Immunization, smallpox
Alcohol, information	Immunization, tetanus
Auditory evaluation	Immunization, yellow fever
Auditory screening	Mental health, education
Awareness groups (rap sessions)	Mental health, information
Cancer screening	Nutrition, health education
Child care (well baby), health educ.	Nutrition, information
Child care (well baby), information	Personal hygiene, health education
Consumer health education	Personal hygiene, information
Contraceptive medications/devices	Physical examination, annual
Dental examination	Physical examination, athletic
Dental screening	Physical examination, camp
Diabetes screening	Physical examination, employment
Drug abuse, health education	Physical examination, insurance
Drug abuse, information	Physical examination, pre-marital
Family planning, health education	Physical examination, school
Family planning, information	Physical fitness programs
First aid, information	Safety programs, home
First aid, instruction	Safety programs, occupational
Health counseling	Safety programs, recreational
Health education	Safety programs, traffic
Health information	Smoking, cessation programs
Health information, foreign travel	Smoking, health education
Health referral	Smoking, information
Immunization, cholera	Tuberculin skin testing
Immunization, diphtheria	Venereal disease, health education
Immunization, German measles (rubella)	Venereal disease, information
Immunization, measles (rubeola)	Vision evaluation
Immunization, mumps	Vision screening
Immunization, pertussis	Weight control programs
Immunization, polio	

COUNCIL OF FREE CLINICS plans to participate in a Symposium by the National Council of Free Clinics, to be held in Washington, D.C. in Jan, 1972.

The Council's delegates will be Mike Wood, Chairman of the Council Board, and Mrs. Jane Z. Cohen, Chairman of the Advisory Board, who have been designated as the Council's representatives to the Executive Committee of the National Council of Free Clinics. The delegates will also serve on a HSMHA Commission to study Free Clinics, headed by David Smith, MD (founder of the original Haight-Ashbury Free Clinic.) The Council is also participating, with the California Committee on Health Plan Alternatives, in planning a conference on national health insurance.

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EMERGENCY MEDICAL TECHNICIANS

AREA V RMP and the Postgraduate Division, USC School of Medicine are cooperating in the training of an initial group of 25 Emergency Medical Technicians who serve on LA County Fire Department ambulances. The program consists of 25 three-hour lessons adopted by the Fire Department from the programs of the U. S. Department of Transportation, and the American Academy of Orthopedic Surgeons. Ten hours of observation in a hospital emergency care center is also included. A wide range of emergency procedures are covered in the course and patients will be assured of follow-up through a group of 23 hospitals contracting with the City.

* * * *

Lee D. Cady, MD, Chairman of AREA V Consulting Panel on Systems and Computers, will make the first presentation, before the 24th Annual Conference on Engineering in Medicine and Biology, of a new automatic ECG arrhythmia monitor and alarm system developed with Drs. Julian Haywood and Irwin Hoffman (who were also connected with AREA V's Cardiac program). The Electrocardiographic Rhythm Observation System (nicknamed EROS, for that fellow who kept a discerning eye on affairs of the heart!) is being programmed and tested on three computers: a small Xerox Sigma 3, a Raytheon minicomputer and a Digital Equipment Corp. minicomputer. The patient's heart rates between 30 and 200 beats per minute are continuously monitored by comparing 10 seconds of ECG with the previous 10 seconds ECG. If there are any significant changes in QRS shape, PR intervals, or RR intervals, then these are reported immediately. When an unchanging arrhythmia is being monitored with this system, an initial report calls attention to the presence of the arrhythmia but no other alarms are given until that rhythm changes to another arrhythmia pattern or reverts to normal. It is expected that this approach to intensive care and coronary patient monitoring will save lives by immediate reporting of heart standstill, fibrillation and tachycardias, thus freeing hours of skilled nursing time now used for arrhythmia monitoring. The Conference is being held October 31 to November 4 at Las Vegas.

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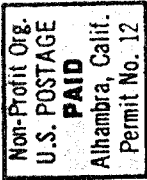
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Please contact me at _____ to discuss this.

the american indian free clinic

526 East Oaks Street, Compton, California



"... how Indians and friends of Indians are helping those less fortunate than themselves."

Telephone (213) 537-0103

Why is the clinic so essential for the urban American Indian?

With increasing numbers, American Indians have been leaving the reservations and rural areas in hope of finding a better future in the big cities. However, city life, especially in the large metropolitan centers such as Los Angeles, often presents many problems for those displaced from a simpler environment and a different background. Although there may be sources for help, the Indians often have no way to know about them, or they are reluctant or unable to tell their troubles to strangers not of their own race or culture. They are bewildered and discouraged by the complexities of urban society.

The American Indian Free Clinic, opened in 1970, now provides understanding as well as assistance, and seeks to provide better health and opportunity for the urban Indians who find themselves in difficulty.

Unlike other cultural groups who cluster in ghettos or barrios, American Indians are scattered throughout Los Angeles County. It is estimated that 50,000 to 75,000 now live in the area.

The special problem of urban American Indians

The average life span of the American Indian is 44 years – considerably less than that of other races. Among American Indians, the infant mortality rate is 2% higher than the national average. Rheumatic fever, strep throat, and hepatitis occur ten times more frequently. The incidence of otitis media (a middle ear infection which leaves hearing impaired) is prevalent and results in serious consequences. American Indians are eight times as likely to suffer from tuberculosis; death due to influenza and pneumonia is nearly two and a half times greater than average. The incidence of alcoholism is extremely high and is increasing.

The traditional American Indian is proud, reserved, a good citizen to the best of his ability. However, as high as 50% of the American Indians now living in Southern California have annual incomes below the defined poverty level. The July, 1970 Congressional Record states the average income of the American Indian to be about \$30 a week.

about the clinic

The American Indian Free Clinic offers its services free of charge to anyone requesting them, but is particularly intended to assist those of American Indian descent.

The Clinic is the first facility of its kind offering services especially for the urban American Indian. It is operated by Indians with the assistance of other citizens who are interested in helping those who are ill, alienated, or unable to cope with the complexities of metropolitan life.

The elected Board of Directors, Clinic Administrator, and staff are all American Indians, representing many tribes.

The Clinic is licensed by the state and county to operate as a free clinic and is a member of the Southern California Council of Free Clinics. It is incorporated as a charitable, non-profit institution and has no official connection with any religious or political group.

Medical, dental, laboratory, and legal services, as well as psychological and job counseling are available at the Clinic from 7 p.m. to 10 p.m. every Tuesday and Thursday evening. Services will be expended as funds and staff become available.

Special classes on family planning, health, nutrition, and other subjects are held as requested.

A telephone information service is operated by trained Indian referral aides from 9 a.m. to 5 p.m. Monday through Friday.

For assistance or information about the Clinic, dial 537-0103.

history of the clinic

Planning for the Clinic began as a project of the California Regional Medical Programs Area V (University of Southern California), in cooperation with several urban Indian tribal associations, individual Indians, interested citizens, and various health organizations.

The Clinic began operating in April, 1970, in a few rooms, made available rent free, on the premises of the Grace Southern Baptist Church, an Indian Church in Compton, California. The necessary renovations required to make the facility operable were accomplished by volunteer efforts by the end of September, 1970. All of the equipment and drugs now in use were donated. Physicians, dentists, nurses, counsellors, and other volunteers were recruited.

The USC School of Dentistry mobile dental clinic spent one day at the Clinic in 1970, taking care of 60 patients. Over 125 Indians received gross visual testing free of charge at an optometry screening held at the Clinic by the Los Angeles College of Optometry.

Early in 1971, a Professional Advisory Committee was established for the Clinic. This group of health professionals meets regularly to study the quality of health care being given, and to recommend improvements. In the first eight months of operation, the Clinic has treated an average of 60 patients per session – almost 4,500 people.

how you can help

All donations of equipment, material, or cash are tax deductible and all offers of assistance in any of the Clinic Departments will be warmly welcomed. Just let us know what you can do and we will find a way for you to help. The need for health professionals is constant, and doctors, dentists, nurses, and other members of the health team are urged to volunteer even a little of their time.